

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

4182002

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51	1					
2		1					52						
3	1						53						
4		1					54						
5	1						55						
6		1					56						
7	1						57						
8		1					58						
9	1						59						
10		1					60						
11	1						61						
12	1						62						
13	1						63						
14	1						64						
15	1						65						
16		1					66						
17	1						67						
18		1					68						
19		1					69						
20		1					70						
21	1						71						
22	1						72						
23		1					73						
24		1					74						
25		1					75						
26		1					76						
27	1						77						
28	1						78						
29	1						79						
30	1						80						
31	1						81						
32		1					82						
33	1						83						
34	1						84						
35	1						85						
36		1					86						
37		1					87						
38	1						88						
39		1					89						
40		1					90						
41	1						91						
42		1					92						
43		1					93						
44		1					94						
45		1					95						
46	1						96						
47	1						97						
48		1					98						
49		1					99						
50	1						100						
TOTAL IND.	22						TOTAL IND.						
TOTAL DEP.	22						TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						